



Substitute for form 1449A/PTO			<i>Complete if Known</i>	
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(use as many sheets as necessary)</i>			Application Number	10/681,507
			Filing Date	October 7, 2003
Sheet 1 of 1			First Named Inventor	Michael A. Vyvoda
			Art Unit	2813
			Examiner Name	Schillinger, Laura M.
			Attorney Docket Number	3558P027D

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Examiner Initials*	Cite No.†	Document Number	Publication Date or Issue Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear
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Examiner Initials*	Cite No.†	Foreign Patent Document	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant Figures Appear	T*
		Country Code* - Number* - Kind Code* (if known)				

Examiner Signature	<i>Laura M. Schillinger</i>	Date Considered	<i>6/6/05</i>
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*Examiner: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and not considered. Include copy of this form with next communication.

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